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COMBINED DECLAR	ATTORNEY'S DOCKET PU4828USw						
APPLICATION WITH POWER OF ATTORNEY				First Names Inventor: Robin CURRIE			
				Complete if known:			
() Declaration submitted with initial (	îling or			App No.:			
( ) Declaration submitted after initial	Filing Date						
				Group Art Unit:			
As below named inventor. I hereby declare that:							
My residence, post office address and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
PHARMACEUTICAL COMPOSITIONS COMPRISING ABACAVIR AND LAMIVUDINE							
the specification of which (check only one item below):							
[ ]is attached hereto.  OR [ x ] was filed on <u>03 June 2003</u> as United States application Serial No or PCT International							
Application Number PCT/US03/17347 filed_and was amended on (MM/DD/YYYY)(if applicable)							
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.							
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:  PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:							
PRIOR FOREIGN AND ANY P		Country	Foreign Filing Date	PRIORITY			
Number (s)			(MM/DD/YYYY))	CLAIMED			
2.			- <del> </del>	X			
3.	<del></del>						
4.							
5.							
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:							
Application No. Filing Date (MM/DD/YYYY)							
1. <b>60/385,717</b> 2.		UI	6/04/2002				
3.							

## COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent

Number

POST OFFICE

**ADDRESS** 

ATTORNEY'S DOCKET NUMBER

STATUS (Check one)

STATE & ZIP CODE/COUNTRY

PENDING

PU4828USw

ABANDONED

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PATENTED

Parent Filing Date

(MM/DD/YYYY)

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POWEI	R OF ATTORNEY	: As a named inventor, I hereby appoint the	ne practitioners associated with th	e Customer Numbers provided below to			
prosecute this application and to transact all business in the Patent and Trademark Office connected therewith							
Customer Number 23347 and Customer Number 20462							
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	David J. Levy						
	Corporate Intellect	Karen L. PRUS					
	GlaxoSmithKline	919-483-2192					
	Five Moore Drive,						
	Research Triangle						
I hereby	y declare that all s	tatements made herein of my own know	wledge are true and that all stat	tements made on information and belief			
are beli	eved to be true; ar	nd further that these statements were m	ade with the knowledge that w	rillful false statements and the like so			
made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize							
		ation or any patent issuing thereon.					
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL			
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TOU	SIGNATURE	Mary Warne M	Jany Warne Hoodson				
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	INVENTOR'S	Date					
	SIGNATURE						
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